PTO/SB/01 (03-01)

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DECLARATION FOR UTILITY, DESIGN CONTINUATION-IN-PART PATENT APP	Attorney Docket	Attorney Docket Number							
	First Named Inve	First Named Inventor		Ned L. Mountain					
Declaration Submitted with Initlal FI		COMPLETE IF KNOWN							
		Application Number	r New	N					
Supplemental Declaration Submitted for	n Declaration Submitted for	Filing Date	Herewi	Herewith					
Submitted Continuation-In Part Filing		Group Art Unit	ТВА	ТВА					
		Examiner Name	ТВА	ТВА					
As a below named inventor, I h	nereby declare that:								
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural									
names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
AUTOMATED TRANSPO	ORT STREAM RE	MAPPING APPA	RATUS A	ND METHOD					
					i i				
<u> </u>	(7	Title of the Invention)							
the specification of which									
is attached hereto									
OR									
was filed on (MM/DD/YYY	Y)	as United	States Appli	cation Number or PC	T International				
Application Number	Application Number and was amo		ended on (MM/DD/YYYY)		(if applicable).				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose in-part applications, material inform	nation which became ava	ailable between the filin							
PCT international filing date of the I hereby claim foreign priority bene			of any foreign	application(s) for pat	ent, inventor's				
or plant breeder's rights certificate than the United States of Americ patent, Inventor's or plant breeder application on which priority is clair	e(s), or 365(a) of any Po a, listed below and have 's rights certificate(s), or	CT international applica a also identified below,	tion which de by checking	signated at least one the box, any foreign	country other application for				
Prior Foreign Application Country Number(s)		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	y Attached? NO				
			H		H				
Additional foreign application nu	umbers are listed on a s	upplemental priority da	ata sheet PTC	0/SB/02B attached he	ereto:				

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all corresp	ondence to:		Customer Numbe or Bar Code Labe		OR 🗌	Correspondence	address below			
Name	Robert C. H	laldimar	1			- 3:				
Address Husch & Eppenberger, LLC, 190 Carondelet Plaza										
City	St. Louis			S	tate MO	ZIP	63105			
Country	USA		Telep	ohone 314-	480-1500	Fax	314-480-1505			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any]): .Ned L. Family Name or Surname: Mountain										
Inventor's Sign	ature 4	Date: 76 /	Date: 76 NOWEMBER 2003							
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NAME OF SE	COND INVI	ENTOR	: 🗆	A petition has b	een filed for this u	nsigned inventor				
Giv n Name (first and middle [lf any]): Family Name or Surname:										
Inventor's Signature:						Date:	Date:			
Residence Mailing Address:										
Residence City	:	s	tate:	Zip Code:	Country:	Citizenship:				
Mailing Address:										
City:				State:	Zip Code:	Country:				
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										